1 / V ·	~ ~	
9 /8 30 22		
(0-1 4)	OTHER THAN MALL ENTITY.	
TOTAL CLAIMS RATE FEE R	ATE FEE	
FOR NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 OR BAS	FIC FEE 770.00	
TOTAL CHARGEABLE CLAIMS minus 20= XS 9= OR XS	\$18=	
INDEPENDENT CLAIMS minus 3 = X43= X	86=	
MULTIPLE DEPENDENT CLAIM PRESENT	290=	
* If the difference in column 1 is less than zero, enter "0" in column 2	TAL	
CLAIMS AS AMENDED - PART II	THER THAN	
(Colonial E) (Colonial S)	ALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT Total Total Total Independent Minus Minu	ADDI- ATE TIONAL FEE	
Total	18=	
Independent • / Minus ••• 3 . =X43= OR X4	86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +2	90=	
TOTAL / OR	TOTAL	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE		
CLAIMS HIGHEST ADDI-	ADDI- TIONAL FEE	
≥	18=	
Independent • Minus • X43= OR X6	36=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	90=	
TOTAL	OTAL	
ABDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE		
CLAIMS HIGHEST PRESENT ADDI-	ADDI- TIONAL FEE	
Total • Minus • X\$ 9= OR X\$	18=	
Independent • Minus ••• = Y43-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR		
* If the entry in column 1 is less than the entry in column 2 write W in column 3	90a	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR TOTAL ADDIT. FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.		